

Feb. 3, 2010 (#506)

Alan Watt "Cutting Through The Matrix" LIVE on RBN:

Poem Copyright Alan Watt Feb. 3, 2010:

The Lions Get Main Share Under Socialist Equality Health-Care:

"Government-Run Health-Care's About Every Dollar and Cent,
It Costs to Run the System, Where the Money Went,
Millions Spent Advertising How Great the Care we're Given,
Truth is While on the Waiting List, You'll Wing on to Heaven,
Our Political Elite However, is Not the Type which Waits,
He'll Fly Down Immediately for Treatment in the States,
Where Examinations are Thorough, Tests of Every Kind,
You won't be Released Until they Fix Everything they Find,
In the Meantime, We'll just Suffer, What Else can Commoners Do?
In Canada, the Best of Health-Care is Reserved for Special Few"

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Hi folks. I am Alan Watt and this is Cutting Through The Matrix on February 3rd
2010. For the newcomers to the show, look into cuttingthroughthematrix.com
web site. Scroll down the front page, bookmark all the other sites I have listed

there for future use. You'll need them once in a while when the big sites go down. These are the official sites: [listed above]. I always say this is the tin can moment. I should actually get a tin can and put a couple of cents in it and rattle it here to remind you that you are the audience who bring me to you. I don't get paid by anybody else to promote anything. That's how most shows get their cash. They bring on guests and so on who, really, are there to sell you something at the end of the show. So it's up to you to keep me going. This way too, I'm unfettered in a sense; I can say a lot more about different topics that could be kind of iffy at times. So if you could keep me going that's great. You can find out how to do so by going into cuttingthroughthematrix.com and buying the books, CDs and DVDs that I have for sale or donating to me. [Ordering and donation options listed above.] For those that get the disks burned and passed to them, they play them on CD players, you can get in touch with me at [address above].

Synchronicities are something that's interested me my whole life. I used to wonder if things just popped up across the world with the same topics at the same time. By chance? Or does the media get bored with the same old stories and they all get together and put things out there? Sometimes that will happen and sometimes it isn't just boredom; sometimes it's collusion when big agendas are being pushed like global warming and what's supposed to be done about it. That kind of thing happens but once in a while you find out that synchronicities certainly do occur even in your own personal life. Things will pop up. If you are thinking about a particular subject, you might just get an email that day that mentions that particular topic. It might be the first time in a whole year you've heard anybody else mention it, that kind of stuff. You'll find these things in media, these kinds of 'trends' they call them, and I was thinking of the medical system. The medical system brought me on to other things. I'll be back with more after this break on this topic.

HI folks. This is Alan Watt and we're Cutting Through The Matrix, just talking about the synchronicities that pop up once in a while. Before I get on to the topics, it reminds me of an old, it was a very elderly guy in Mexico, one of the oldest people supposedly to be known in existence, who killed himself a few years back. He committed suicide. He did leave a note and it was in the papers at the time. He said basically he was just bored. He was bored at watching life go around and around with the same things happening all the time. With politicians and how they pander to the public to get in, do all these odd things which they never talked about when they were running for elections and how they always talked about how GREAT they were at serving the public. And it's all lies basically. All he had to look forward to was more of the same old nonsense basically. That was it. In other words, nothing much changed in this guy's life. The lies were the same and the routines were the same.

That's what we get in ORGANIZED SYSTEMS that we live in. We call them CIVILIZATION. We get organizations where people join them, whether it's the military, the police, or even governments, or a political party. These are all institutions where technically *you lose your identity*. You BELONG to the party. You give up the self when you go in. Then you are indoctrinated into THAT particular system and you will stand up to DEFEND that system, against all odds. It doesn't matter if it's police, military or politics. That's basically the nature of organizations.

There's been so much going on about health care. This is the synchronicity. It pops up in Canada at the same time as they are talking about bringing in a system in the US, for the people. It all sounds wonderful. It all sounds wonderful, what they promise to give you but you never get that. You never GET what's promised because when politics runs a system it comes down to economics. Remember, political parties have agendas. You can't couple population reduction as part of an agenda with helping the people to be well and fit; it doesn't equate. There is something missing here. It doesn't work out quite right. On the other hand I quite understand the GREED... the MASSIVE, INCREDIBLE greed within medical systems, even the ones that work for the Canadian government and the pharma companies. Their INCREDIBLE greed is... They know that people will sell their homes, they'll mortgage their grandparent's homes, everybody will chip in to save little Tommy that's dying of this or that and they will try and save him.

People do the same thing with their pets in cities. One of the most lucrative businesses to be in today is small veterinary practice that's for small animals in major cities. People will literally spend everything they have to save the dog or the cat and that's quite natural too. So wherever there's this bonding here, and a form of blackmail, IT'S GOING TO BE USED BY UNSCRUPULOUS PEOPLE. Professions, really, really, these kind of professions, they ARE unscrupulous. When greed becomes the prime motive, then all humanity goes out the window... and all decency goes out the window... and the wealthiest survive.

While they are talking about bringing in a system in the US, and I've seen the study done by the RAND Corporation on behalf of the US government. RAND was asked to do an investigation into ways of cutting costs to bring in a system. What RAND did basically was look at the British system that's been through YEARS of this setting the system up, having it run efficiently, and then start cutting the branches from it as it went along, until it's running on bare bones at times. They basically said here is what we can do to cut out all the extra costs. Now, people in the US right now are not refused treatment. That's a misconception by a lot of people in other countries. The taxpayer will pick up the tab but they will get treatments that they could never get if they were in a medical, Medicare system like Canada. You get the bare bones minimum.

There is a policy in Canada and Britain for instance, to just keep prescribing pills to patients, for the rest of their lives, even though it might be shortening their lives, if need be, because IT CUTS COSTS. PATIENTS pay for the pills, and a surgical operation that might solve their problem all together costs money. That's how they get around this kind of stuff. It's all cutting costs. You wouldn't be in the hospital getting good treatment once that system comes in if you are at the bottom of the totem pole amongst the rest of the general population; you don't get that kind of treatment.

I've experienced this in Canada myself. Where I am in Canada you cannot get a doctor up here at all. It's called a city, just north of me here, but you can't get on a waiting list for a doctor. You can be on it for 10-15 years and still not get on the waiting list. They have walk-in clinics where you get this 4-inch-high number and you sit like a cow basically, until they call your number. It might take 4 hours or something, 5 hours, sometimes 6 just to see a doctor and even then they don't want you to sit down. I'm not kidding. They are standing with a prescription in their hand when you walk in the door and they want to just give you something to

get you out the door again, as fast as can be. ‘The flying doctors,’ that’s what they’re called, because they have so many patients coming and the government has cut back so heavily they can’t even get doctors to stay up in that city. That’s the great health system. Because of that people who can afford it, the few who can afford it, go to the States right now to get operations done. Or they could be waiting here for years and they will die on the waiting list. THAT’S the reality, folks. That’s reality. Here is an article about Canadian politicians who don’t wait in the queue.

Canadian Politicians Without a Queue

ThePatientFactor.com / February 3, 2010

When you think about our universal health care system do you ever wonder about the fairness of waiting lists, otherwise known as queues? Our politicians claim queues provide Canadians with equal access (*Alan: We’re very EQUAL up here.*) to health care. Do they really?

Remember the recent outcry when hockey players and their families jumped the queue for the H1N1 flu vaccine? I don’t understand why that caused such a stir because athletes, like politicians, always receive preferential treatment. Do you honestly think that any of them wait months on a list for an MRI or surgery? (*A: Do you? Do you really believe they wait months like you do?*)

How can you be considered a queue-jumper if you are never really in the queue to begin with? In 2007 former Prime Minister Jean Chretien discussed his medical symptoms while playing a round of golf with a Cardiologist. He received testing the next day that revealed arterial blockage. Media reported that a cardiologist then requested emergency quadruple heart bypass surgery for the following day. This swift access to testing and surgery helped prevent heart damage from occurring. The Montreal Heart Institute denies that Chretien received any special treatment indicating that all of their patients receive the same standard of care. Oh, really? How many other patients are able to schedule their emergency surgery? On December 11, 2007 Chretien appeared on the CBC television show *The Hour* with George Stroumboulopoulos.

In the first two minutes of the interview we learn that after receiving the results of his tests Chretien was told that he would need surgery at some point in the future. His response was that he’d like to have it right away and they agreed to perform it the next morning. When asked why he didn’t have to wait on a list like everybody else he attributes it to luck. (*A: He was a good liar. I mean, he lied all the time, Old Jean.*) The truth is that luck has very little to do with it.

While on the campaign trail in 2006, the media reported that New Democratic Party (NDP) (*A: That’s the party that’s a bit further left than Marx. It’s called the National Democratic Party in Canada.*) leader Jack Layton received a hernia operation in the 1990’s at the Shouldice hospital, a private facility in Toronto. (*A: Very expensive.*) An interesting choice for such a fierce defender of the public health care system. Then again, if labour unions helped found your political party then I suppose you are beholden to them politically not personally.

The truth is that universal health care and its queues do not provide each of us with equal access when it comes to caring for our health. In a 2005 judgment, the Supreme Court of Canada confirmed that "Access to a waiting list is not access to care". (*A: Oh yeah. You can have access to a waiting list but not care, you understand?*) The shameful part is that politicians continue to shape our health policy and promote a public health care system whose shortcomings they will never experience.

And that's a fact. They don't experience it themselves. This came to light because we've got this article here too from the Globe and Mail.

Newfoundland Premier travels to U.S. for heart surgery

By SARAH BOESVELD AND ROY MACGREGOR / February 2, 2010 / Globe and Mail

(A: Newfoundland is a big province in Canada. This is basically about the Premier, which is like a Governor in the States, for this HUGE province.)

The heart and soul of Newfoundland politics is in for repair - and it's not in his home province or even in Canada, for that matter.

Newfoundland Premier Danny Williams is scheduled for heart surgery in the United States, a move that throws into question his province's and his nation's health-care system.

A source confirmed to The Globe and Mail late yesterday that Mr. Williams has left St. John's for an undisclosed destination in the U.S. to have heart surgery later in the week.

The 59-year-old Conservative left yesterday morning, spokesperson Elizabeth Matthews said, without disclosing his location. While some of his critics were tight-lipped last night, the online public questioned his exodus - why the care he needed was not available in Canada, or whether he preferred treatment in the U.S. (*A: You understand, this is the reality of universal health care. Back with more after this break.*)

Hi folks. I'm Alan Watt and we're Cutting Through The Matrix, talking about the health care systems and how they always claim that it's all equal and fair and so on and just. The reality is always very, very, very different because politics has different agendas and they are always cutting costs in different areas for wars and things like that, or to bail out banks and their friends. They have nothing left for the people, except on paper perhaps. Here is the Premier, that's like the Governor, of a big province in Canada. He's another one actually. He's not the first to go down to the States for medical treatment. It says...

The 59-year-old Conservative left yesterday morning, spokesperson Elizabeth Matthews said, without disclosing his location. While some of his critics were tight-lipped last night, the online public questioned his exodus - why the care *he needed* was not available in Canada, or whether he *preferred* treatment in the U.S.

The severity of Mr. Williams' condition is not publicly known, however he was

reportedly not overly concerned about his health, as he told close friends his greatest regret was the possibility of missing his Tuesday night hockey outings. (*A: Well, I guess it's very severe to have hockey on his mind.*)

The remaining details are expected to be revealed at a news conference today by Deputy Premier Kathy Dunderdale.

At risk is the already tarnished image of the province's health-care system, which has suffered in recent years. (*A: It's been across the board in the whole of Canada.*)

Then too, we find in this other newspaper the same kind of thing. (Remember, I'll put these links up on my site at the end of the night.) This article says...

N.L. premier's U.S. heart surgery sparks health-care debate

By Mike De Souza and Sharon Kirkey, Canwest News Service February 2, 2010

Supporters and critics of Canada's health-care system have found themselves in a new debate sparked by the decision of a provincial premier to seek heart surgery in the United States.

The Newfoundland government said Tuesday that Premier Danny Williams would be absent for a few weeks after his doctors recommended (*A: So his doctors recommended...*) he travel to the U.S. for a heart procedure.

"Think about the absurdity about Canadians spending their income on medical treatment outside the country because it's not provided here at home," said Brett Skinner, president of the Fraser Institute, the Vancouver-based free-market think-tank. (*A: Then it goes on and on and on.*)

The point of all of this is once you are into a system, when you swear into a system - police and military especially and governmental parties - you close ranks. Your first job is to protect the system, the organization that you belong to and you never tell the public the truth, even though the evidence is self-evident where ever you look. As I say, where I am you can't get. You just can't get a GP. You can't do it and what you do get are walk-in clinics where there's going to be 100, 200 folks going through in a day and one doctor there who'll dash between 4 and 5 rooms. They don't want you to sit down because they don't want you to stay. They don't have your records there either so they don't know who you are. You'll see a different one each time. All they want to do is to give you something to keep you happy and get you out the door, literally. That's what you get under this health care. A lot of folk, I'm telling you, a lot of folk must simply die in ignorance never knowing that they've been neglected and that they were not given the best care of treatment. And the waiting lists are incredible. Often people do die before they can get operations and so on done. It's disgusting.

What they'll do when they give you a health care system is make sure that the special, big cities have at least a better health care system because that's under **Agenda 21** as well. They want all the main Super Cities to have at least something to deal with emergencies, especially car emergencies. That's a show by the way, where 10 of them will be on staff and in they rush and do all the stuff that you see on TV because people think of injuries and hospitals and what might

happen to themselves. But for ordinary straight through operations, you just can't get them. The waiting lists last for years sometimes. That's the reality of it... and that's what's coming to the States. And yet, here are the politicians from Canada - not just recently or just this one, it's been happening over the years - going to the States for the better treatment and getting it very quickly, thorough treatment.

So there you are. Can you really have governments and politics running health care systems? Can you really? Their whole job is cutbacks, cutbacks and cutbacks. The cutbacks in Britain are so incredible. I mean literally too and there are reports coming out there where it's so bad now that you've got ambulance guys and paramedics going out there and putting patients on stretchers where there is feces from a previous patient, and blood on them as well. Cutbacks, cutbacks, cutbacks. This article here is from the BBC.

London NHS 'heads towards crisis', says doctors

Bbc.co.uk / 20 January 2010

(A: Now as I said, they make sure that the better, standard - not the best - the better standard they are going to give you is in the big cities but even now they are slashing them. Who are they going to pay, the bankers or the hospitals? Hmm? The war guys or the hospitals?)

London hospitals "could close as healthcare in the capital heads towards a major financial crisis", the British Medical Association (BMA) has said.

As much as £5bn could be cut from NHS London's budget by 2017, it claimed.

The BMA's report, London's NHS On The Brink, predicts that from 2011 there will be a freeze on NHS budgets, with the worst cuts falling in London. *(A: I'll be back with more on this article after this break.)*

Hi folks. I am Alan Watt and we're Cutting Through The Matrix, talking about the so-called Universal Health Care systems versus the private ones. As I say, I really don't have much regard for medicine at all to be honest with you. I think it's such a greedy industry because pharma really runs it all now. The price that they charge people who are going to die or whatever for pills that might extend their lives a little bit are phenomenal. You know, certain pills cost maybe \$1,000-\$2,000 *each* - no kidding - that are not given, certainly, on the national health service systems because of the expense.

The GREED in pharma is so incredible. There is nothing wrong with basically the health care system people, per se. It's when government gets involved in it that it goes down the tubes. They can only run according to the budget they are given and governments will always slash back on budgets. In Britain the hospitals were told to increase the number of bed space because - at the time I think it was Blair - said it should be so, just to keep the people happy. They took all the wheels off the trolleys IN the corridors and called them beds now that they were stationary, right. They were not movable, they were beds... and that's how they got around that. Little wangles to keep the bureaucrats happy, to keep the Parliaments happy. You can't do that when you are dealing with people and lives and all the rest of it. You can certainly get fast treatment and no waiting list really, for tubal ligations and vasectomies, things for depopulation, abortions, but when it comes to

regular, because again, you've got politics involved then in the medical system. You can't have the two combined. And you always get it with national, government run health care systems.

I'm talking about London here now with the cutbacks. This is just one city. It says...

But an NHS spokesman (*A: This is the one who will lie to the public.*) said: "To give people leading expert care we also need to centralise some services." (*A: So here is the remedy for the cutbacks.*)

The BMA's report, written by health expert Dr John Lister, criticises some of the proposals that NHS London has made public, including:

- Cutting the number of people going to hospital A&E departments by a target of 60% (*A: So I guess they're just going to turn them away. This is how they're going to solve the problem right.*) and the number going to hospital outpatients by 55%. (*A: That's a great way of solving the problem.*)

- Diverting millions of patients to "unproven polysystems" or clinics that have not yet been built

- Cutting up to £1.1bn from London hospital budgets "forcing wide scale cutbacks and closures"

- A 66% reduction in staffing of "non-acute services", including community services for older people and district nurses

- A 33% cut in the length of GP appointment times

The report surveyed board papers and other published material from primary care trusts (PCTs) in London.

NHS London spokeswoman Anne Rainsberry defends proposed changes. (*A: So she's the spokesperson. As I say, when you join a party, an organization, it's very uniform. You submerge your identity in it and you become a liar. That's just the way of organizations and humans. So she DEFENDS the proposed changes, which is basically slashing everything by over half.*)

An NHS London spokesman said: "To give Londoners a better standard of NHS care we need to provide more of the services people use the most, closer to where people live. (*A: That's **Agenda 21**. Get them all out [of the country and suburbs], get them crammed in the center of the big cities and that will be centralization. That is exactly what they are doing with **Agenda 21**.*)

"To give people leading expert care we also need to centralise some services to create, for example, dedicated stroke and trauma units," he added.

"This will save hundreds of lives every year." (*A: So in other words, what they are telling you here by halving everything, LESS IS BETTER, right, and 'CHOCO RATIONS ARE UP', as George Orwell would have said in **1984**.*)

That's what happens when governments run the system. Now, the governments have no problems from putting trillions of pounds into all these banks across the planet, which have just ripped of the general public. No problem, done so swiftly too, isn't it? So swiftly. But you watch the systems for health care crumbling; crumbling and crumbling for years and slashing them and that's it folks. That tells you who is important in this system. Believe you me, the bankers won't have to wait in any queue for treatment either. Ah, pretty disgusting eh? It's pretty disgusting.

Here is an article. It's an oddball one that someone sent me. It's the United States Attorney's Office from Massachusetts. There's a point to this particular article.

SPRINGFIELD ANESTHESIOLOGIST CHARGED WITH FALSIFYING MEDICAL RESEARCH

FOR IMMEDIATE RELEASE

JANUARY 14, 2010 - USDOJ.GOV/USAO/MA - CHRISTINA DI IORIO-STERLING

BOSTON, MA - The former chief of acute pain at Bay State Hospital in Springfield, Massachusetts (*A: This is part of a CHAIN of hospitals you get in the private sector too, chains of them.*) was charged today in federal court with falsifying medical research studies, including studies that were published in medical journals regarding pain management.

United States Attorney Carmen M. Ortiz; Mark Dragonetti, Special Agent in Charge of the Food & Drug Administration - Office of Criminal Investigations; Susan J. Waddell, Special Agent in Charge of Health and Human Services, Office of the Inspector General; and Warren T. Bamford, Special Agent in Charge of the Federal Bureau of Investigation - Boston Field Division, announced today that SCOTT REUBEN was charged in an Information with one count of health care fraud.

The Information alleges that REUBEN solicited and obtained research grants from pharmaceutical companies to perform research studies on pain management, (*A: Big business, BIG, BIG business for people with various cancers, MASSIVE. You have pharma competing to get the business in the chains by even giving little freebies for a few weeks and stuff like that.*) often associated with various surgical procedures, but that he did not actually perform the research studies. (*A: The guy that solicited the research grants, he didn't do the studies himself.*) Instead he **made up** patient data, (*A: He created it out of thin air. Made up the patient data...*) submitted it to medical journals and caused false articles to appear in a number of medical journals.

If convicted on this charge, REUBEN faces up to 10 years imprisonment, to be followed by 3 years of supervised release and a \$250,000 fine.

The case was investigated by the Food & Drug Administration - Office of Criminal Investigations, Health and Human Services, Office of the Inspector General and the Federal Bureau of Investigation.

As I say, where he was working was the Bay State Hospital that deals with really

chronic care and chronic pain and it's part of a chain. So the guy was really taking the kickbacks and so on from pharma and putting out very good write-ups to medical journals on BEHALF of the particular medications that these pharmas, that approached him, were selling. That's how corrupt the system is. Everything is corrupt. I've got lots and lots more on these particular kinds of cases in the US and elsewhere. They will often give freebies. For instance, they will go to the National Health Service and they might give you 10 weeks of a free pain management pill for so many hundred patients if you will take them on for a 5 year plan. Stuff like that. The really high marketing, very high powered marketing strategies to sell their drugs. They are very expensive drugs. Maybe not the BEST drugs, but they will give the best deal to the health services for the cost, especially when the government is running it, but never the best that's available. THAT'S the reality of it too.

It does make you wonder, as I say. It really does make you wonder about the system in which we live in, doesn't it? This again, is synchronicity. Health care, aging and all the rest of it, it's all over the place right now. This is called...

Inconvenient truth on ageing

Bernard Salt / From: The Australian / February 4, 2010

WAYNE Swan clearly missed a great opportunity earlier this week with the release of the third Intergenerational Report. He referred to the report by the bureaucratic abbreviation 3IGR4, but if the Treasurer really wanted to appear "with it" he should have christened it the iGen 3.0 Report.

The Intergenerational Report is, of course, the government's key reference document canvassing policy options for managing the ageing of Australia's population (*A: Every country is at this right now, by the way.*)-- the problem being that from 2011 onwards (*A: This is the projection for the rest of the world too.*) more baby boomers exit than Generation Ys enter the workforce. (*A: It's to do with money, by the way, not how sick you are.*)

The issue is not just the number of baby boomers looking for an aged pension; **it's the loss of this cohort's contribution to the tax base.** (*A: So in other words, they retire, they are not producing. Remember, the definition at the United Nations of a good global citizen is a good producer AND consumer. When you retire you're a consumer. You're not a good citizen anymore. They would rather have you go through an exit home.*)

The favoured solution so far to managing this matter has been to grow the worker base, and in this regard Kevin Rudd was emphatic on the ABC's 7.30 Report last October when he stated he believed in a bigger Australia, and further that he made no apology for that view. (*A: Meaning, bringing more people in to it.*) The Prime Minister's comments have sparked furious debate about the sustainability and advisability of future growth.

(*A: Then it goes down about all the other options that are available and what can they do.*) Faced with two alternatives -- strong population growth or productivity gains -- the astute political preference will be for the productivity option.

Strong population growth demands costly investment in hard (and often property) infrastructure. It also ignites impassioned concern from environmental lobbyists. (A: *Who don't want so many folk on the planet. Not that we should be listening to them in the first place. They're a bunch of nutters.*) On the other hand, who is going to argue with a policy of better education and improved access to technology?

But this raises the question of what is the range of policy options to deal with the ageing of the population. (A: *Then they go through what the governments consider on how to manage aging population. Again, it's all to do with finances.*)

Here's how we could manage the ageing population.

1. Raise the retirement age. It has already been lifted from 65 to 67. However, by the time many baby boomers actually get to 67, I suspect "retirement age" will have been pushed out to 70. In fact, **with any luck most boomers will drop dead just short of the line.** (A: *In other words, you pay all this money IN to it all your life and you'll die before you can get a penny back. That's what GOVERNMENT honestly, really wants. They have other things to do with that cash than dish it out to you every month. That's the reality of the world we live in, for the very naïve out there.*)

There are some callers on the line so I'll take John from Connecticut if he is still there. Are you there John?

John: Good evening. I'm going to be a little bit off topic regarding what you are talking about, although I'll heard when you mentioned about knocking us all off before we get to retirement. The chemtrail spraying is probably one of their most favored tactics in that department.

Alan: Yes. It does because the elderly and the young too by the way, are getting bronchial infections that they cannot get rid of. They keep persisting and coming back.

John: That's right. Now, tonight a lady sent me something from ABC News Channel 7. It's actually 2 minutes and 9 seconds long. I could play it but what it's about is the computer brain interfacing technology. Basically, they are using it now for, like they put the head set on somebody, like kids games. It's using your mind only. You are able to alter the stuff that's on the screen. I had heard somebody speak about this before. I'm just wondering what you know about it. I know they will eventually, supposedly use not just headsets externally but implanted chips. The military may already be very advanced in this. I just wondered if you could speak on that and I'll listen off the air.

Alan: Okay. You are absolutely right. DARPA published an article. It's in my archives section from last year I think it was, where DARPA claimed that they had implanted a brain chip in a quadriplegic. Now, DARPA is for the military; it's got nothing to do with civilians and helping paraplegics. Apparently this young man could then email *by thoughts*, email his friends via computer hookup. But this is nothing new. Sweden was leading the world in this experimentation since the 1970s using prisoners in prison with direct hookups to computers. In Canada you

had Mr. Persinger; he's a professor of Laurentian University in neuro-science. He's got an interesting history, this man, because he worked and he had contracts with the Pentagon AND the CIA in the 70s working on various weaponry to do with immobilizing people by firing different pulse waves into the brain of crowds and so on, that could immobilize them. He also worked with the Koren Helmet. The Koren Helmet, it's been here for maybe 25, maybe even 30 years. He could put this on his students and with using electromagnetic pulse and electrical radiation they could stimulate ANY part of the brain, to experience whatever you would normally experience when that part would light up. They can cause it to light up and you will have the experience. It's the reverse order but it works the same way.

Persinger and others worked in high-level teams with other professors on these very projects. THE END RESULT *DEFINITELY* IS TO IMPLANT CHIPS INTO THE BRAIN, AGAIN, FOR THE PEACEFUL OBEDIENT TYPE SOCIETY OF PRETTY WELL THE NEAR FUTURE. They had the brain so well mapped out; it's rather staggering what they know about it. You have to go into the fields of neuro-linguistics, neuro-science, psycho-linguistics; language is very important. Psycho-linguistics is VERY important in how we understand and it also deals with the parts of the brain that come into interface with each other. But remember, each time you have a thought clusters of brain cells are activated in unison and they give off electromagnetic fields which can be picked up remotely. If you do it in reverse order, you will actually make a person think of something, even visually, that kind of thing. There is more than one language, not just written or vocal. There's also the visual.

It's a fantastic field but they are SO far ahead of it. The chip actually - I'm pretty certain - is ready. If they can implant one to a quadriplegic that can make him communicate to people, they can pretty well do it with anything. Remember too, this will be interfaced with regional or local computers. YOU WILL NOT DESIGN THE PROGRAMS FOR THE COMPUTER, SOMEONE ELSE WILL, which means that technically someone else is now in charge of your brain. I hope everyone understands that and NEVER FORGETS IT. What a power tool. What a power trip that will be if this is ever put across the world on any large scale at all. Because if people think the big boys are going to do this *for* YOU and give you great experiences and leave it at that, you really don't understand your history or you don't understand power and humanity at all. You've got an awful shock. I've actually had young people say to me, WELL, THE BRAIN CHIP WON'T BE BAD; WE CAN GO INTO THE MATRIX SYSTEM AND FIGHT IT FROM WITHIN. The whole point of the matrix movie is, you did not create the program. Everything that you could do is anticipated. Back with more after this break.

Hi folks. I am Alan Watt and we're Cutting Through The Matrix. We'll go to Kevin in Ontario. Are you there Kevin?

Kevin: I'm not all there but I'm still here.

Alan: That's good enough.

Kevin: I wanted to call in; it's been in the news all day I'm sure. Every truth radio show has talked about it and that was the passing of the great Eustace Mullins. You know it's sad to see him go and ones like him will be missed but at

least we can take comfort in knowing that truth seekers like you and others are still out there at least trying to fight the good fight and trying to get people to wake up to what's going on here.

Alan: Yes. Plus he left a lot of books behind him as well, which will be around for a long time.

Kevin: Absolutely. I'm sure, since you live only about a hour and 15 minutes away from where I'm at, about a week and a half ago you saw all those planes spraying the skies like crazy over here. They were checker boarding the skies here.

Alan: Yes. Oh, I know. I know. Sometimes it's so bad that some of the stuff comes down, when it's very cold, in clumps and lands on the trees.

Kevin: I've seen it and I pointed it out to some people. Some people saw it for what it was and then just become apathetic and say, WHAT DO YOU WANT ME TO DO ABOUT IT. They still believe they were just contrails. It's like, are you? It's pathetic. A lot of people know what's going on but again, the problem I've always been facing around here, especially North Bay, is APATHY. A lot of people know the new world order. They know the push for world government at the hands of the Masons and the hand of the golden elite, their scientists or whatever. But they say, WHAT DO YOU WANT ME TO DO ABOUT IT?

Alan: Well that's it. That's their easiest way out. Again, that's a very interesting out that they give themselves. It's very, very common. You have to go into psychology. It is well explained as to how people give themselves that option and the out so that they don't have to be responsible for doing anything - it's phenomenal - even though it's all around them.

Kevin: I think one of the best solutions to fight this new world order system... I think Max Egan's idea of non-compliance on a mass scale, if it's even possible to be done, is probably one of the best ways to do it. Also, if you can get involved with local groups that are trying to not only to protest and to bring awareness to these political atrocities but also to have a group that can fend for themselves and grow their own food and to have a small community of truthers, like the We Are Change group that are popping up everywhere. We have one here in North Bay, you are invited to join us anytime you like Alan.

Alan: I appreciate that. It's true. This is what people need, they've got to really start to have non-compliance because it's a passive way to do it. It's not aggressive. If you get aggressive, they love that because they turn the force on you, I mean pure force, and then you look bad, the way that the media will spin it with selected photographs and shots. So passive aggression is the only way, on a long-term basis, to eventually get your goal achieved and it's going to be a hard battle, believe you me.

Kevin: Absolutely, yeah. I tell that to people. Violence is NOT the answer to this whole new world order scenario. I heard people saying, LET'S MARCH ON WASHINGTON WITH GUNS BLAZING. I said, YOU IDIOTS; IF YOU GUYS DO THAT, THAT WILL PLAY RIGHT INTO THEIR HANDBOOK.

Alan: They've actually expected that and they've been preparing for that very scenario for 30 years, with multi-SWAT teams interloping; multi-jurisdictional task force in Canada. They're all interwoven, all the different services, and they are prepared for any situation because 30 years ago they knew that TODAY, with all these problems, was coming, because it was scheduled.

Kevin: Ordo ab Chao...

Alan: That's right. Thanks for calling though; that's the music coming in for the end of the show.

For Hamish and myself from Ontario, Canada, it's good night and may your God or your Gods GO with you.

Topics of show covered in following links:

[Canada's Politicians Travel to US for Surgery-For the Rest of us-BandAids will do](#)

[Canada's Premiers Go to US For Surgery](#)

[Canada's Health-Care Mess](#)

[Healthcare Cutbacks-Less Service is Better Service](#)

[Doctor and Pharma Fraud-Another Case](#)

[Government Financing and the Aged](#)

Transcribed by Diana

Alan's Materials Available for Purchase and Ordering Information:

- BOOKS** "Cutting Through" & "Waiting for the Miracle....."
Volumes 1, 2, 3 Also available in Spanish or Portuguese translation:
"Esperando el Milagro....." ([Español](#)) & "Esperando um Milagre....." ([Português](#))
- CDs** Ancient Religions and History MP3 CDs: & Blurbs and 'Cutting Through the Matrix' Shows on MP3 CDs (Up to 50 Hours per Disc)
Part 1 (1998) and
Part 2 (1998-2000)
- DVDs** "Reality Check Part 1" & "Reality Check Part 2 - Wisdom, Esoterica and ...TIME"